

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p><i>01/30/04</i></p> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</p> </div> <div style="text-align: right;"> <p>SERIAL NO. <i>10768998</i></p> <p>APPLICANT(S)</p> </div> </div>							FILING DATE					
CLAIMS												
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14	/						64					
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17		/					67					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.		3					TOTAL DEP.					
TOTAL CLAIMS	1	3					TOTAL CLAIMS					